



MORGAN COUNTY ADMINISTRATION

DIRECT DEPOSIT AUTHORIZATION FORM

INITIAL AUTHORIZATION_____ CHANGE IN AUTHORIZATION_____

PRIMARY DEPOSIT (BALANCE OF NET PAY)

Employee Name (*Please print*): _____

Account Type: Checking_____ Savings_____

Account Number: _____

Routing Number: _____ (*9-digit no. on far left side of check*)

Bank Name (*Please print*): _____

Employee Signature: _____ Date: _____

You must attach a voided check or Direct Deposit Authorization form from your bank for verification of account and routing numbers.